

AMENDED
2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

04-06-2005 90127 046 *****61.25
N33474

FILED

05 APR 11 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50034305

DOCUMENT # N33474 1. Entity Name OCEANIA CLUB, INC.					
Principal Place of Business 16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US				Mailing Address 16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03112005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0135255	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURR, ROBERT ESQ. JAY STEVEN LEVINE P.A. 2500 N. MILITARY TRAIL, SUITE 400 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name <u>Dennis Eisinger</u> Street Address (P.O. Box Number is Not Acceptable) <u>Phillips, Eisinger & Brown</u> <u>4000 Hollywood Blvd. Suite 265</u> City <u>Hollywood</u> FL Zip Code <u>33021</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>[Signature]</i></u> <u>Bruce Albert</u> <u>3/25/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTZ, KATHARINA MD 16421 COLLINS AVE MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition President Michael Weiss 1642 Collins Ave. Miami Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENSTEIN, HAROLD 16421 COLLINS AVE MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Vice President Alan Collins 16421 Collins Ave. Miami Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* Director KATZ, JOEL 16421 COLLINS AVE MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Secretary Michael Hirsch 16421 Collins Ave. Miami Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. LEWIS, CLIVE 16421 COLLINS AVE MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Alex Fusco 16421 Collins Ave. Miami Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, OSCAR 16421 COLLINS AVE MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition General Manager Bruce Albert 16421 Collins Ave. Miami Beach, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <u><i>[Signature]</i></u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u><i>[Signature]</i></u> <u>Bruce Albert</u> <u>3/25/05</u> <u>305-956-5738</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					